

**Northern Virginia Regional Strategic Planning Project
Steering Committee Meeting – Draft Notes
March 30, 2005**

In Attendance:

Jane Anthony, NVTC Parent/PAIR
George Barker, HSANV
John Beghtol, Western State Hospital
Joan Durman, Consultant
Tom Geib, Prince William CSB
Amanda Goza, NVMHI
Wendy Gradison, PRS
Betsy Greer, NAMI-Arlington
Anne Hermann, Older Adults Workgroup
Lynn DeLacy, NVMHI
Henriette Kellum, NVMHI
Richard Spector, Fairfax-Falls Church CSB
Joe Hinshaw, NVMHI Advisory Council

Sharon Jones, Fairfax-Falls Church CSB
Leslie Katz, NVTC
Cindy Kemp, Arlington CSB
Sharon Letourneau, NVMHI
Cathy Pumphrey, Fairfax-Falls Church CSB
Lou Rosato, NVMHI
Jim Thur, Fairfax-Falls Church CSB
Leslie Weisman, Arlington CSB
Margaret Graham, NVTC
Alan Wooten, Fairfax-Falls Church CSB
Chris Kolakoski, Prince William County CSB
Sharon Elkeberry, Fairfax-Falls Church CSB

Jim Thur welcomed the group and introductions were made.

1. Approval of Notes from January 26, 2005 Meeting

The notes of the January 26, 2005_meeting were approved as submitted.

2. Announcements

- a. FY06 Proposed State Budget – Jim Thur noted that there is money in the FY06 proposed State budget for seven regional projects related to mental health. Four of the seven have been earmarked for specific areas of the State, with Northern Virginia receiving one of the four (about \$550,000). All areas of the State can compete for the other three projects. The process probably will be less formal and done fairly quickly in collaboration with the Commissioner. These crisis stabilization projects are related to intensive residential services and beds. There also is bed purchase money available: about \$2.8 million in new and existing money across the State. Northern Virginia is projecting about a \$1 million deficit in the next fiscal year. The Commissioner is aware that there are other funding needs such as pharmaceuticals. It is possible that there could be another \$5 million deficit in the State aftercare pharmacy line-item and that could affect the availability of drugs throughout the current year.
- b. Integrated Strategic Planning Process – Joan Durman is working on the Integrated Strategic Planning Process for submission to the Commissioner on May 20. There will be two templates showing the worst case (intensive use of beds) and best case (minimal use of beds) scenarios. A lot of funding items are converging, and it will be challenging to integrate all that information for the Governor and General Assembly. Additionally, the closure of the Northern Virginia Community Hospital Psychiatric Unit in January has exacerbated the situation. The system is full at the present time and pressure continues on a daily basis regarding the shortage of beds in Northern Virginia as well as in the rest of the State. Short-term and long-term solutions are needed. The partnership must be very creative to address these needs.

- c. Center of Excellence – Lynn DeLacy noted that the Northern Virginia Institute of Mental Health has been designated as a Center of Excellence by the State Board, and that the Institute is awaiting official written notification. The group has agreed that Regional Community Support Center (RCSC) is a more appropriate designation for the kinds of things they anticipate doing at this point. Dr. Jane White, a consultant with considerable research experience and success in obtaining grants, has been hired to help get the RCSC up and running. The RCSC plans to do a series of focus groups (that will include private providers, need-based providers, consumers, and family members) to discern what is most important regionally to help facilitate self-management when clients face a behavioral emergency.

Last week 38 people from Central Office as well as the facility directors attended a week long conference. This group is trying to make organizations, structures, and processes more partnership-focused in order to facilitate creativity and involve additional people in the process. The group will be clarifying their mission in future meetings.

The Institute had a surprise visit from the Inspector General and his team. As is their protocol, they did not discuss their findings at the end of the inspection. They did, however, say that the Institute has concepts of recovery most permeated in terms of closest to the service delivery level. Lynn stated that she believes in large measure that is due to the leadership Sharon, other people at the facility, and the Institute's regional partners have provided. Lynn hopes that this comment also will be in print.

3. Updates

Mr. Thur noted that all the work groups have been working extremely hard with tremendous results.

- a. Mental Health and related workgroups (including forensics) – Sharon Jones briefly discussed the handout entitled “Notes from Forensics Work Group February 9, 2005. There are two groups: Not Guilty by Reason of Insanity (NGRIs) and Forensics (typically people who have been arrested on misdemeanor or felony charges and cannot receive the level of treatment needed in jail). These groups are separate because their needs are different and where they go for treatment is different.
- b. Children and Youth workgroup – Joan Durman reported the group met and identified some issues that they want to focus on. They will have a joint meeting with the Psychiatric Hospitals workgroup on April 12 to talk about what happens after a child is hospitalized. The group would like to train hospital staff to think more in terms of alternative treatments rather than residential placement. Additionally, they will be modifying the matrix for the State to make it more appropriate for children and youth. Betsy Greer noted that families with a young child need alternative facilities in Northern Virginia when Dominion Hospital closes. Joan responded that DC is an alternative, and Jim Thur indicated that if there is no legal status, a child can go outside the State.
- c. Older Adults workgroup – Anne Hermann reviewed the PowerPoint presentation entitled: “Services for Older Adults with Mental Illness Are Offered in Many Settings.” Henriette Kellum stated that she did not think there was a lot of duplication in the numbers presented. Jim Thur asked that the completed study include the minimum number of older adult beds to be included in the May report, especially since a private contractor may take over Eastern State Hospital and eliminate the geriatric unit. Joan Durman has agreed to provide information on the number of older adult beds needed in Northern Virginia and the age breakdown of these consumers.

- d. MR workgroup – Leslie Katz reviewed the handout entitled “Update from the Statewide Mental Retardation Special Populations Work Group for the Northern Virginia Regional Strategic Planning Partnership’s Steering Committee March 29, 2005.” Alan Wooten suggested that the group capture data for the Commissioner that contains information on anticipated future needs for the aging population.
 - e. Private psychiatric hospitals workgroup– Lynn DeLacy noted that the next meeting is April 12 and that the January minutes covers work of the group thus far. George Barker stated that the Loudoun Board of Supervisors approved the new hospital plan, but the HCA site in Ashburn was not included. Additionally, HCA is not back on the agenda. If HCA would agree to relocate the proposed facility to south of Dulles, the Loudoun Board would approve that site. The Certificate of Need was overturned by the court on procedural grounds and sent back to the Commissioner. There will be a fact-finding conference in Richmond on April 15 to review issues surrounding the Certificate.
 - f. State work groups – There was no report.
 - g. MH/SA workgroups – Chris Kolakoski reviewed the handout entitled: “Persons with Co-Occurring Disorders (MH/SA) Should Be Treated in Northern Virginia with a Full Continuum of Care.” She stated that the CSBs will be doing a survey to identify existing services and gaps. The group will meet next on April 15.
 - h. Recovery workgroup – Sharon Letourneau reviewed the handout that includes a revised Regional Recovery Work Group membership list and the page entitled: “Update on Recent Initiatives of the Regional Recovery Work Group.” Jim Thur reminded the group that it is important to remain faithful to recovery principles. Tom Geib suggested that the Recovery workgroup evolve into an Institute to articulate its principles.
 - i. Western State Hospital – John Bechtol stated that the Utilization Management Team, which includes representatives from all the CSBs, will be meeting on April 1. This team is charged with planning for Western State’s Crisis Stabilization Unit. Ellen Harrison, the contact person for the team, works for the eight regional CSBs as the Regional Initiatives Coordinator. She is based at the Harrisonburg Community Services Board and her phone number is 540-434-1941. Jim Thur noted that it is important to coordinate efforts, particularly in the event that Western State is “right-sized.” Sharon Jones has a meeting scheduled with Ellen on May 4. John reminded the group about Western State’s agreement that they cannot accept civil commitments from Northern Virginia.
4. Identification of any common themes – Jim Thur listed the following themes: 1. treat people in their own community, i.e., in terms of miles, not necessarily jurisdiction; 2. spend funding with regional aspects in mind; 3. understand and make maximum use of the RCSC concept; and 4. continue to think about the evolving structure of the Steering Committee. Jane Anthony stated the importance of Medicaid funding for CSBs, with Lynn DeLacy noting the impact of Medicaid funding on sites. Lynn also mentioned the stigma that lurks behind the scenes regarding older adults, co-occurring disorders, developmental disabilities, and forensic/NGRI status.

5. Approval of Revised Work Plan

Jim Thur stated that it will not be physically possible to have a community forum before May 20. Tom Geib noted that there are not enough resources available and the plan must be an evolving one. Jim reminded the group that having a community forum in June will allow input from consumers, elected officials, and others for the report's modification, however, the initial report must be submitted by May 20.

6. Future Meeting Schedule

The next Steering Committee meeting was scheduled for May 16 from 10 - noon.

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